

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000010405

**Entity Name:** 40S SHOWCASE ENTERTAINMENT INC

**Current Principal Place of Business:**

7643 GATE PARKWAY  
SUITE 104-1567  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

7643 GATE PARKWAY  
SUITE 104-1567  
JACKSONVILLE, FL 32225

**FEI Number:** 87-2474898

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMACK, AVIS G  
7643 GATE PARKWAY  
104-1567  
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COMMACK, AVIS G  
Address 7643 GATE PARKWAY 104-1567  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name MCCLENDON, COREY D  
Address 2223 COLLEGE CIR N  
City-State-Zip: JACKSONVILLE FL 32209

Title COO  
Name BARNES, TAVARIS R  
Address 4418 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title SEC  
Name WILLIAMS, TIERRA S  
Address 328 CIRCLE DR  
City-State-Zip: JACKSONVILLE FL 32208

Title TREASURER  
Name BROWNE, QUAYNA  
Address 7617 N SHORE DR  
City-State-Zip: JACKSONVILLE FL 32208

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AVIS COMMACK

**PRESIDENT**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date